

**PRINT in INK**

Enter the name of the county in which this case is filed.

STATE OF WISCONSIN, CIRCUIT COURT, \_\_\_\_\_ COUNTY

Enter the name and address of the petitioner. If joint petitioners, enter the name of the wife.

In RE: The marriage of  
**Petitioner/Joint Petitioner-Wife:**

First name Middle name Last name

Address

Address

City State Zip

and

**Respondent/Joint Petitioner-Husband:**

First name Middle name Last name

Address

Address

City State Zip

Enter the name and address of the respondent. If joint petitioners, enter the name of the husband.

Enter the case number.

**Stipulation Suspending Proceedings to Effect Reconciliation**

Case No. \_\_\_\_\_

**IT IS STIPULATED THAT:**

1. This proceeding and any temporary orders be suspended for a period of not more than 90 days without prejudice to our legal rights.
2. Upon reconciliation, we will complete and file a **Stipulation Dismissing Divorce/Legal Separation** form with the Clerk of Courts.
3. Either of us may end the suspension and proceed with the divorce by completing and filing a **Motion Terminating Suspension of Proceedings to Effect Reconciliation** form with the Clerk of Courts.
4. If neither of us takes action by the end of this suspension, the action will automatically resume and the court shall proceed as though no reconciliation was attempted.
5. Warrants:  
☐ A. There are **no** outstanding warrants to arrest issued in this action.  
☐ B. There are outstanding warrants to arrest issued in this action.  
Explain: \_\_\_\_\_

**Note to the parties:** This stipulation does not affect any domestic abuse, harassment, or child abuse injunctions under §813, Wisconsin Statutes currently in effect.

Parties may use standard form number FA-4143V.

Parties may use standard form number FA-4145V.

Check A or B. If B, describe the warrant that has been issued in this case.

The wife must sign her name. Enter the date on which it was signed.

**Note:** This form does not need to be notarized.



Wife

Print or Type Name

Date

The husband must sign his name. Enter the date on which it was signed.

**Note:** This form does not need to be notarized.



Husband

Print or Type Name

Date

If either party is receiving public assistance or there is a caseworker from the Child support Agency assigned to your case, you must take this agreement to the Child Support Agency in your county for their approval.

If not, mark not required.

### State of Wisconsin, Child Support Agency

- ☐ Approved  
☐ Not Approved  
☐ Not Required

Authorized Signature

Print or Type Name

Title

Date